REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 2 Ser		al/Pa	tent	4.3501	049
3 Please refund the following fee	e(s):	4 PAI NUI	PER MBER	5 DATE FILED	6 AMOUNT
Filing					\$
Amendment					\$
Extension of Time					\$
Notice of Appeal/Appeal					\$
Petition					\$
Issue					\$
Cert of Correction/Terminal	Disc.				\$
Maintenance	•				\$
Assignment					\$
Other					\$
		7 TOTAL AMOUNT OF REFUND			\$
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
Overpayment		Credit Deposit A/C #:			
Duplicate Payment	•	9			
No Fee Due (Explanation):					
	·				
					·.
11 REFUND REQUESTED BY:	·	٠			
TYPED/PRINTED NAME:			T: Adju	ITLE: steent Date: 07/	26/2693 PKIDWELL 88803932 19529 8.68 CK
SIGNATURE:		· · · · · · · · · · · · · · · · · · ·	6171 62 P 1	AVEND SHAJARRO H ONE: 58	98999335 19529 9.69 Ck
OFFICE: ************************************					
APPROVED:		DATE	: _		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B